

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | BT       |        | 12-16-99 |
| O.I.P.E. CLASSIFIER       |          |        | 12-28-99 |
| FORMALITY REVIEW          |          | 63390  | 12/14/00 |
| RESPONSE FORMALITY REVIEW | LTA      | 63390  | 12/15/00 |
|                           |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1        | 7.31.01 |
| 2        | 2.4.03  |
| 3        |         |
| 4        |         |
| 5        |         |
| 6        | ✓       |
| 7        | N       |
| 8        | ÷ N     |
| 9        |         |
| 10       |         |
| 11       |         |
| 12       | ✓       |
| 13       |         |
| 14       |         |
| 15       | ✓       |
| 16       | 0       |
| 17       | N       |
| 18       |         |
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| 47       | N       |
| 48       | 11      |
| 49       | 0       |
| 50       | 0       |

| Claim    | Date     |
|----------|----------|
| Final    |          |
| Original |          |
| 51       | 7.31.01  |
| 52       | 0 2.4.03 |
| 53       |          |
| 54       | 0        |
| 55       | N        |
| 56       |          |
| 57       |          |
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| 60       |          |
| 61       |          |
| 62       |          |
| 63       | N        |
| 64       | ✓        |
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| Claim    | Date |
|----------|------|
| Final    |      |
| Original |      |
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If more than 150 claims or 10 actions  
staple additional sheet h r